

PERSONNEL EVALUATION REPORT

Items 1 through 6 will be completed by ADMINISTRATIVE OR PERSONNEL OFFICER

1. NAME (Last) (First) (Middle)		2. GRADE	3. POSITION TITLE
4. OFFICE	STAFF OR DIVISION	BRANCH	<input checked="" type="checkbox"/> DEPT'L <input type="checkbox"/> FIELD
5. PERIOD COVERED BY REPORT From To		6. TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment of Employee <input type="checkbox"/> Reassignment of Supervisor	

Items 7 through 10 will be completed by EMPLOYEE

7. List your major duties in approximate order of importance, with a brief description of each. Omit minor duties

8. List courses of instruction completed during report period.

Name of Course	Location	Length of Course	Date Completed
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9. In what type of work are you primarily interested?

If different from your present job, explain your qualifications (aptitude, knowledge, skills).

10.

Date

Signature of Employee

~~SECRET~~
Security Information

Items 11 through 17 will be completed by SUPERVISOR

11. In what respect is the employee's performance on present job most noticeably good or outstanding?
12. On what aspect of performance should the employee concentrate effort for self-improvement?
13. Are there other duties which better suit the employee's qualifications? (Recommend appropriate reassignment, if possible.)
14. In what specific ways, other than enumerated above, can the Agency make better use of the employee, taking into account the interests of the Agency as well as those of the employee?
15. What training do you recommend for the employee?
16. If employee's performance during report period has been unsatisfactory, there is attached copy of memorandum to the employee notifying him of his unsatisfactory performance.
17. This Personnel Evaluation Report has been discussed with the employee. Additional comments, including comment on Items 7, 8 and 9, are shown below under Item 19.

_____ Date	_____ Signature of Supervisor
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18. I have reviewed the above report. (Comments, if any, are shown in Item 19.)

_____ Date	_____ Signature of Reviewing Official
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19. Comments: